

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # Pop 000104069

1. Entity Name

Buyer's choice of ORLANDO, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 SEP 20 PM 12:28

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

127 W. FAIRBANKS AVE

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

439

City & State

City & State

WINTER PARK, FL

Zip

Country

Zip

Country

32789

USA

4. FEI Number

22-3842895

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

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IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

ELIZABETH THOMPSON

Street Address (P.O. Box Number is Not Acceptable)

127 W. FAIRBANKS AVE #439

City

WINTER PARK

FL

Zip Code

32789

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

ELIZABETH THOMPSON, AS PRESIDENT

9/18/02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.
(See criteria on back)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PRESIDENT
ELIZABETH THOMPSON
127 W. FAIRBANKS AVE
#439 WINTER PARK, FL 32789

TITLE
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/18/02 407 6457654

CR2E034B (12/01)